



BUILDING AND FIRE BOARD OF APPEALS

APPLICATION FOR

☐ APPEAL

☐ RATIFICATION

City of Newport Beach
Building Department

3300 Newport Blvd., Newport Beach, CA 92663
(949) 644-3275

(For staff use only)

Accepted by: _____

Case No.: _____

Fee: **\$6,230**

Date: _____

☐ Application is hereby made for an **Appeal** of decisions, determination or interpretation of the Building Official as provided in Section 204 of the Uniform Administrative Code.

☐ Application is hereby made for **Ratification** of decisions, determination or interpretation of the Building Official as required by California Building Code Section 101.17.11 and Section 204 of the Uniform Administrative Code.

☐ Application is hereby made for an **Appeal** of decisions, determination or interpretation of the Fire Marshall as provided in Section 204 of the Uniform Administrative Code.

PLEASE NOTE: A completed application (12 copies) must be received no later than four weeks prior to a Board's scheduled hearing to be considered for that hearing.

PLEASE PRINT IN INK OR TYPE ALL INFORMATION

(If more space is required for reply, please attach additional sheets.)

Building Owner: _____ Phone: _____

Owner's Address: _____
Street City State Zip

Contact Person or Applicant:

(if other than owner): _____ Phone: _____

Applicant's Address: _____
Street City State Zip

Address or location of property, which is subject of the request: _____

Description of any proposed buildings or structures or alterations of existing buildings located or to be located on said premises. Provide permit or plan check number where applicable: _____

Has a documentation of unreasonable hardship or a request for modification or alternate methods & materials been filed? YES _____ NO _____

If Yes, please attach a copy of that request and result if applicable.

Cite specific section and subsection of the Uniform Building Code from which an appeal or ratification is being requested. Attach two sets of all sketches, drawings or diagrams [one full size set and 12 sets no larger than 8 1/2 x 14]: _____

Please state the action you are appealing or that is to be ratified and the date of the action: _____

Justification (State reasons for your appeal or ratification request. Attach additional sheets if necessary) _____

Applicant signature: _____ Date: _____

Receipt No. and stamp: _____